MONTANA
Department of Public Health & Human Services

Immunization Program

Vaccines for Children/ Montana State-Supplied Vaccine

(effective March 15, 2011)

Vaccines	Ages of Covered Children	All or High-Risk?
Diphtheria, Tetanus, acellular Pertussis (DTaP)	6 weeks through 6 years	All
DTaP – Hepatitis B – IPV [1]	6 weeks through 6 years	All, but only for doses 1 - 3
DTaP – Hib – IPV [2]	6 weeks through 4 years	All, but only for doses 1 – 4
DTaP-IPV	4 years through 6 years	All
Hepatitis A (HAV)	1 year through 18 years	All
Hepatitis B (HBV)	Birth through 18 years	All
Haemophilus influenzae type b [3] (Hib)	6 weeks through 59 months, certain 5 - 18 year olds	All, High-Risk
Human papillomavirus (HPV)	9 years through 18 years	All, Gardasil
Influenza [4] 2010-2011 Season – LAIV (live attenuated influenza vaccine)	2 years through 18 years	All
Influenza [4] 2010-2011 Season – TIV (trivalent inactivated influenza vaccine)	6 months through 18 years	All
Inactivated polio vaccine (IPV)	6 weeks through 18 years	All
Meningococcal conjugate [5] (MCV4)	11 years through 18 years, certain 2 – 10 year olds	All, High-Risk
Measles, Mumps, Rubella (MMR)	1 year through 18 years	All
Pneumococcal conjugate (PCV13)	6 weeks through 59 months	All
Pneumococcal polysaccharide [6] (PPSV23)	2 years through 18 years	High-Risk
Rotavirus (PRV)	6 weeks through 7 months	All
Tetanus, diphtheria [7] (Td)	7 years through 18 years	All
Tetanus, diphtheria, acellular pertussis (Tdap)	10 years through 18 years	All
Varicella (VAR) [chickenpox]	1 year through 18 years	All

Footnotes:

1. The combined DTaP-HepB-IPV vaccine may be used when any component of the combination is indicated, and if the other components are not contraindicated. The combined DTaP-HepB-IPV vaccine is approved for the primary series only (Doses 1-3). For adequate immune response, the last dose of hepatitis B vaccine should be given at ≥ 24 weeks of age and therefore this combination vaccine should not be administered as a complete primary series on an accelerated schedule at 4 week intervals for prevention of pertussis. Minimum interval between doses: 4 weeks between dose 1 and dose 2; 8 weeks between dose 2 and dose 3; and 16 weeks between dose 1 and dose 3.

2. The combined DTaP-Hib-IPV vaccine may be used when any component of the combination is indicated, and if the other components are not contraindicated. The combined DTaP-Hib-IPV vaccine is approved for the primary series and first booster dose (Doses 1-4). The combined DTaP-Hib-IPV vaccine is not indicated for children 5 years of age and older.

3. One pediatric dose of Hib vaccine is available for unimmunized (never vaccinated in childhood) high-risk children 5 - 18 year olds. This includes those with functional or anatomical asplenia (e.g., sickle cell disease, postsplenectomy); immunodeficiency (in particular, persons with IgG2 subclass deficiency); immunosuppression from cancer chemotherapy, infection with HIV, and receipt of a hematopoietic stem cell transplant (HSCT).

4. Influenza vaccine may be used according to each influenza season coverage guidelines for 6 months through 18 years only.

5. Meningococcal conjugate (MCV4) vaccine is available for VFC-eligible adolescents 11 years through 18 years of age. Use of MCV4 is preferred among adolescents. MCV4 may also be used for high-risk children 2 – 18 year olds. This includes children and adolescents with terminal complement component deficiencies and those with anatomic or functional asplenia; children and adolescents who are infected with HIV; or children and adolescents traveling to countries in which invasive disease caused by N. Meningitidis is hyperendemic or epidemic, particularly if contact with the local population is prolonged.

   Revaccination against meningococcal disease may be indicated for persons previously vaccinated with MPSV4 vaccine who remain at high-risk (listed above). Although the need for revaccination in adults and older children has not been determined, antibody levels decline rapidly over 2-3 years after the polysaccharide vaccine is given, and if indications still exist for vaccination, revaccination may be considered within 3-5 years. The Advisory Committee on Immunization practices expects that MCV4 will provide longer protection than MPSV4; however, studies will be needed to confirm this. It is anticipated that more data will become available within the next 5 years to guide recommendations on revaccination for persons who were previously vaccinated with MCV4.

6. Pneumococcal polysaccharide (PPV23) vaccine is available for high-risk children and adolescents aged 2-18 years with sickle cell disease or anatomic or functional asplenia; immunocompromised including congenital immunodeficiencies: B- (humoral) or T-lymphocyte deficiency; complement deficiencies, particularly c1, c2, c3, and c4 deficiency; and phagocytic disorders, excluding chronic granulomatous disease; renal failure and nephrotic syndrome; diseases associated with immunosuppressive therapy or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; or solid organ transplantation; children and adolescents aged 2-18 years who are infected with human immunodeficiency virus; children and adolescents aged 2-18 years with chronic illness including chronic cardiac disease, particularly cyanotic congenital heart disease and cardiac failure; chronic pulmonary disease, excluding asthma unless on high dose corticosteroid therapy; cerebrospinal fluid leaks; or diabetes mellitus.

7. Td vaccine will be supplied on a limited basis since Tdap is the preferred vaccine for the adolescent booster.